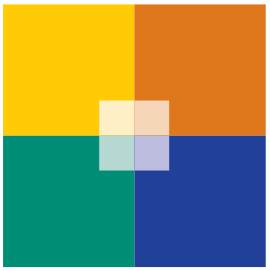
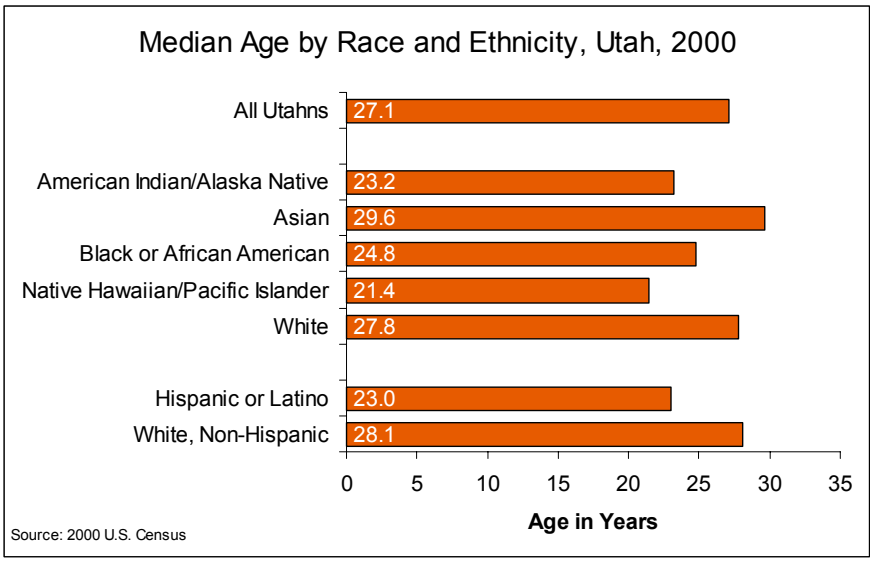
DEMOGRAPHIC CONTEXT



Age Distribution of the Population

Why Is It Important?

Utah has a young population compared with the U.S., and certain race and ethnic groups are even younger, on average. Because health status is strongly associated with one's age, we must use age-adjusted estimates of health status to compare population groups on overall health status beyond just the contribution of age.



How Are We Doing?

- Utahns are on average younger than the rest of the U.S. population. Utah's median age (the age at which half the population is younger and the other half older) in 2000 was 27.1 compared with 35.3 in the U.S.
- The median ages in Utah's race and ethnic communities vary.
  - American Indian/Alaska Native 23.2
  - Asian 29.6
  - Black or African American 24.8
  - Native Hawaiian/Pacific Islander 21.4
  - White 27.8
  - Hispanic/Latino 23.0
  - White, non-Hispanic 28.1

How Can We Improve?

The Utah Department of Health maintains up-to-date information on population estimates for Utah's race and ethnic populations so that health statistics may be appropriately interpreted. We must also be aware that age is a component of culture and that the age of a population has implications for the types of services emphasized (e.g., family planning versus cancer screening).

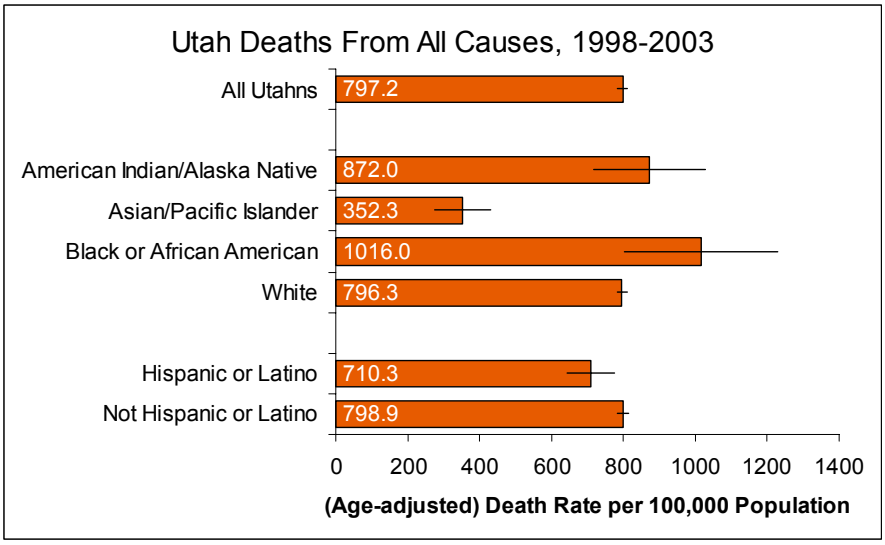
Age Distribution of the Utah Population, 2000

Race/Ethnicity	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total Population
All Utahns	2.00%	7.38%	17.25%	19.77%	14.65%	13.41%	10.64%	6.38%	4.55%	3.00%	0.97%	100.00%
American Indian/Alaska Native	0.03%	0.13%	0.35%	0.32%	0.24%	0.21%	0.12%	0.06%	0.03%	0.01%	0.01%	1.51%
Asian	0.03%	0.12%	0.26%	0.37%	0.39%	0.28%	0.21%	0.10%	0.07%	0.04%	0.01%	1.87%
Black or African American	0.03%	0.12%	0.23%	0.21%	0.17%	0.14%	0.08%	0.03%	0.02%	0.01%	0.00%	1.03%
Native Hawaiian/Pacific Islander	0.02%	0.08%	0.19%	0.18%	0.12%	0.09%	0.06%	0.03%	0.01%	0.01%	0.00%	0.78%
White	1.88%	6.93%	16.22%	18.70%	13.73%	12.69%	10.18%	6.16%	4.42%	2.93%	0.96%	94.80%
Hispanic or Latino	0.26%	0.94%	1.81%	1.92%	1.78%	1.14%	0.62%	0.30%	0.17%	0.07%	0.02%	9.03%
White, Non-Hispanic	1.63%	6.05%	14.52%	16.87%	12.03%	11.61%	9.58%	5.87%	4.26%	2.86%	0.94%	86.23%
Other, Non-Hispanic	0.10%	0.39%	0.92%	0.97%	0.83%	0.66%	0.44%	0.21%	0.12%	0.07%	0.02%	4.74%

Source: Asian and Pacific Islander estimates calculated by Lois Haggard, all others from 2000 U.S. Census bridged data.

Death Rates

Why Is It Important?
The overall death rate of a population is the ratio of persons who died over a certain period, from any cause, to the number of persons remaining in the population. A lower death rate indicates better overall health status and longer life expectancy.



How Are We Doing?

- Utah has enjoyed low death rates compared to other states, probably due to healthy lifestyles (especially low rates of tobacco, alcohol, and substance use), lower rates of poverty, and better access to excellent health care.
- Lower overall death rates were found from 1998–2003 for Asian/Pacific Islander and Hispanic/Latino Utahns. The overall death rates among Utah's Black/African American population was statistically significantly higher than the overall rate.

How Can We Improve?
Race and ethnic disparities in the all-cause death rate exist because there are disparities in the leading causes of death. The leading causes of death are similar for all Utahns: heart disease, cancer, stroke, diabetes, pneumonia and influenza, and motor vehicle crash deaths. Interventions that focus on prevention and appropriate treatment of those diseases will improve all-cause death rates.

Evidence of race and ethnic disparities have been documented at various points in the U.S. health care system, including having a usual source of care, getting an accurate diagnosis, getting appropriate treatment, and use of prescription medications. Such differences persist, even after controlling for health insurance coverage and sociodemographic characteristics. Suggested interventions to ensure that all patients receive effective, understandable, and respectful care include cultural sensitivity training for medical and front office staff, recruitment of more diverse and locally appropriate staff and leadership, and provision of language assistance.[2]

Utah Deaths From All Causes, 1998-2003

Race/Ethnicity	Avg Annual # of Deaths	Total Population	Crude Rate per 100,000 *(95% CI Range)*	Age-Adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	12,513	2,233,169	560.3 (*550.5 - 570.1*)	797.2 (*783.2 - 811.1*)	n/a
American Indian/Alaska Native	120	33,733	356.7 (*293.0 - 420.5*)	872.0 (*716.2 - 1,028.0*)	
Asian/Pacific Islander	78	59,348	131.4 (*102.3 - 160.6*)	352.3 (*274.1 - 430.5*)	↓
Black or African American	87	23,063	375.1 (*296.0 - 454.1*)	1,016.0 (*802.2 - 1,231.0*)	↑
White	12,125	2,117,025	572.7 (*562.5 - 582.9*)	796.3 (*782.1 - 810.4*)	
Hispanic or Latino	465	201,559	230.9 (*209.9 - 251.8*)	710.3 (*645.8 - 774.9*)	↓
Not Hispanic or Latino	12,048	2,031,610	593.0 (*582.4 - 603.6*)	798.9 (*784.7 - 813.2*)	

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

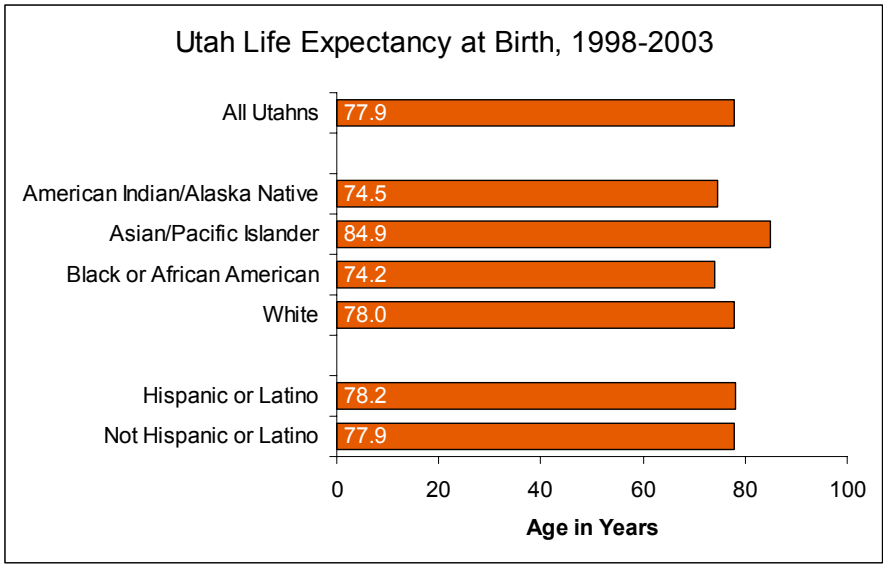
Contact: Center for Health Data, UDOH, Telephone: 801-538-9191, Fax: 801-538-9346

Life Expectancy at Birth

Why Is It Important?

Shifts in life expectancy are often used to describe trends in mortality. Being able to predict how populations will age has implications for the planning and provision of services and support. Small increases in life expectancy translate into large increases in the population.

As the life expectancy of a population lengthens, the number of people living with chronic illnesses tends to increase because chronic illnesses are more common among older persons.



How Are We Doing?

- Prevention and control of infectious diseases has had a profound impact on life expectancy during the twentieth century. In the United States, life expectancy at birth from 1900 to 2000 increased from 48 to 74 years for men, and from 51 to 79 years for women. In contrast to life expectancy at birth, which increased sharply early in the twentieth century, life expectancy at age 65 improved primarily after 1950. Improvements in nutrition, hygiene, and medical care contributed to decreases in death rates throughout the lifespan.
- Life expectancy for the combined Asian/Pacific Islander populations (age 84.9) is higher than that in the rest of the state (77.9), while life expectancy for Utah's Black/African American and American Indian/Alaska Native populations is somewhat lower (74.2 and 74.5, respectively).

How Can We Improve?

Improving life expectancy will require the same sort of thorough effort that is required to decrease the all-cause death rate. In contrast to the overall death rates, because of the way life expectancy is computed, increases in life expectancy are more sensitive to deaths among younger age groups, and especially infant mortality, than reductions in death rates among older age groups.

Utah Life Expectancy at Birth, 1998-2003

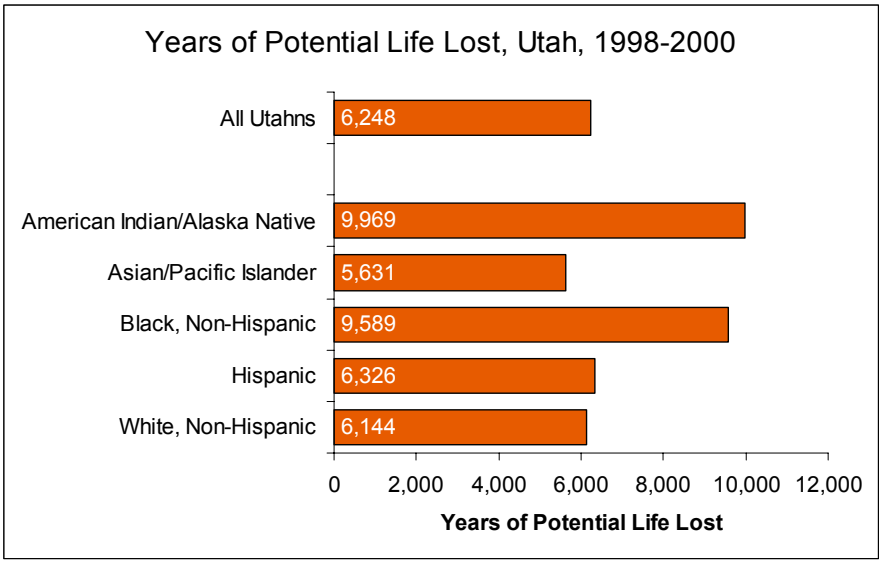
Race/Ethnicity	Life Expectancy
All Utahns	77.9
American Indian/Alaska Native	74.5
Asian/Pacific Islander	84.9
Black or African American	74.2
White	78.0
Hispanic or Latino	78.2
Not Hispanic or Latino	77.9

Source: UDOH, Office of Vital Records and Statistics, Death Certificate Database

Note: Reed-Merrill method was used to compute life expectancy.

Years of Potential Life Lost

Why Is It Important?
Since most deaths occur among persons in older age groups, overall death rates are dominated by the underlying disease processes of the elderly. Years of potential life lost (YPLL) puts more weight on deaths among younger persons. Although somewhat controversial, it assumes an average life expectancy of age 75 and totals the number of years of life lost per 100,000 persons due to premature mortality (death before age 75) in a given population.



How Are We Doing?
- Using YPLL as an indicator of premature mortality, the greatest number of years lost were in Utah's American Indian/Alaska Native (9,969 years per 100,000 persons) and Black, non-Hispanic (9,589 years) populations.
- The lowest number of years lost was found in the combined Asian/Pacific Islander populations (5,631 years).

How Can We Improve?
Interventions to reduce YPLL will be similar to those for overall mortality and life expectancy. Effective interventions should ensure that all patients receive effective, understandable, and respectful care, and include cultural sensitivity training for medical and front office staff, recruitment of more diverse and locally appropriate staff and leadership, and provision of language assistance.[2]

Years of Potential Life Lost (YPLL) Before Age 75, Utah, 1998-2000

	All Races	American Indian/Alaska Native	Asian/Pacific Islander	Black, Non-Hispanic	Hispanic	White, Non-Hispanic
United States	7,615	8,162	3,847	13,424	6,079	6,961
Utah	6,248	9,969	5,631	9,589	6,326	6,144

Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Note: Age-adjusted YPLL before age 75 per 100,000 population.

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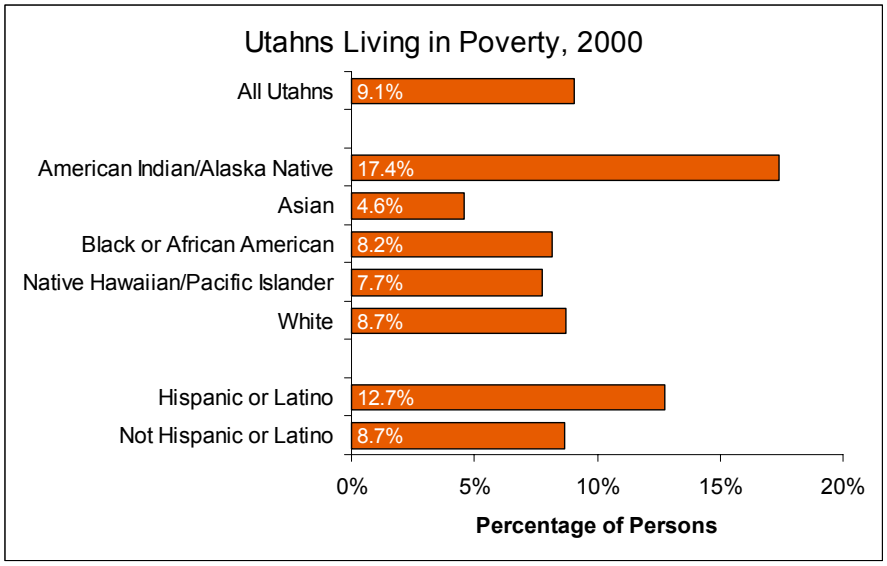
Poverty

Why Is It Important?

Poverty status takes into account both income and family size and is strongly associated with overall health status. The measure is based on the federal poverty level (FPL) published annually by the U.S. Department of Health and Human Services. In 2005, the FPL for a family of four was $19,350. The percentage of persons in poverty provides an indicator of the financial resources available for basic necessities (e.g., food, clothing, and health care) to maintain or improve individual and family well-being.



How Are We Doing?

- In 2000, over 202,000 Utahns were living in poverty.
- Utah's American Indian/Alaska Native and Hispanic/Latino populations had higher poverty rates, while poverty rates in Utah's Asian population were lower than the state overall rate.
- Note that the poverty rates on this page have not been age adjusted, and the younger American Indian/Alaska Native and Hispanic/Latino populations are, on average, earlier in their careers and lifelong earning power, which may account for some share of the higher poverty rates.

How Can We Improve?

Poverty is a result of complex social and economic forces. Some interventions aim to reduce the number of persons in poverty by improving an individual's ability to contribute to and compete in society. Those approaches might include improving educational attainment and job training, and reducing teen pregnancy. Other approaches aim to ameliorate the negative impacts of poverty by providing safety net services essential for basic subsistence. These latter approaches include provision of free or low-cost basic medical and dental health care, food stamps, TANF (Temporary Assistance to Needy Families), and affordable housing.

Percentage of Utahns Living in Poverty, 2000

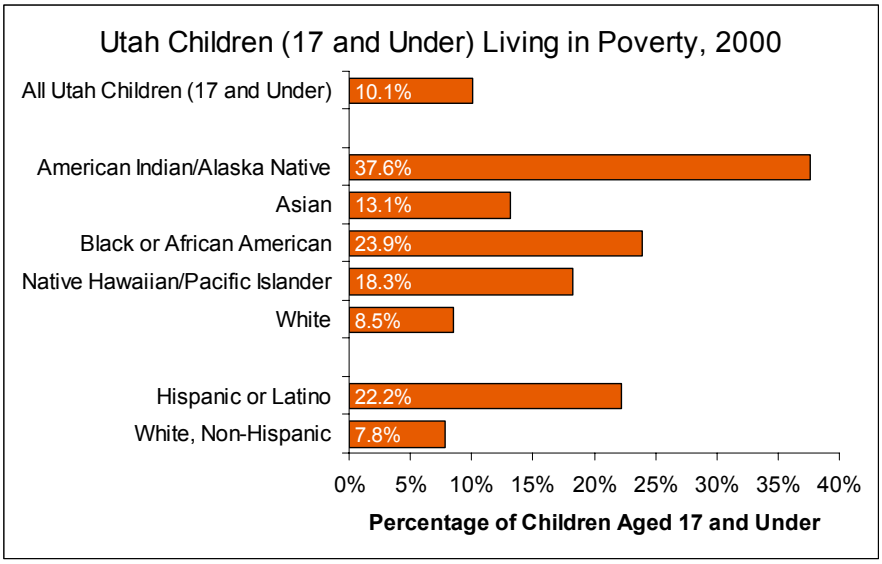
Race/Ethnicity	# in Poverty	Total Population	Crude Rate
All Utahns	202,189	2,233,169	9.1%
American Indian/Alaska Native	5,866	33,733	17.4%
Asian	1,910	41,866	4.6%
Black or African American	1,880	23,063	8.2%
Native Hawaiian/Pacific Islander	1,354	17,482	7.7%
White	184,602	2,117,025	8.7%
Hispanic or Latino	25,651	201,559	12.7%
Not Hispanic or Latino	176,502	2,031,610	8.7%

Source: U.S. Census 2000

Note: In 2000, the U.S. Census Bureau poverty threshold was $17,603 for a family of four.

Child Poverty

Why Is It Important?
Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and well-being, including developmental delays and infant mortality. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty.[3]



How Are We Doing?

- Utah has a lower proportion of children in poverty than the U.S. as a whole.
- In 2000, an estimated 10.1% of Utah children aged 17 or under (nearly 72,000 Utah children) were living in poverty.
- Children in Utah's White, non-Hispanic population have the lowest poverty rates among all groups. Conversely, regardless of the racial or ethnic population, Hispanic/Latino and non-White Utah children are at higher risk of living in poverty than children who are White and non-Hispanic/Latino.

How Can We Improve?
Most of the approaches to overall poverty are applicable to childhood poverty. In addition, there is greater emphasis on affordable child care for parents who need to attend school or work, preventive health and dental care for children, and access to affordable family planning services to decrease teen pregnancy and increase the likelihood that all pregnancies are intended.

Percentage of Utah Children (Age 17 and Under) Living in Poverty, 2000

Race/Ethnicity	# of Children in Poverty	Total Child Population	Crude Rate
All Utah Children (17 and Under)	71,765	708,295	10.1%
American Indian/Alaska Native	3,821	10,166	37.6%
Asian	1,179	8,980	13.1%
Black or African American	1,264	5,298	23.9%
Native Hawaiian/Pacific Islander	1,073	5,865	18.3%
White	52,658	618,731	8.5%
Hispanic or Latino	16,603	74,880	22.2%
White, Non-Hispanic	46,022	587,220	7.8%

Source: U.S. Census 2000

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